

DOCUMENT RESUME

ED 154 258

CG 012 407

AUTHOR Romaniuk, Michael; And Others
TITLE Helpless Self-Attitudes of the Elderly: The Effect of Patronizing Statements.
PUB DATE Nov 77
NOTE 25p.; Paper presented at the Conference of the Gerontological Society (29th, New York, N.Y., October, 1977)
AVAILABLE FROM Frances W. Hoyer, Department of Psychology, Hutchings Psychiatric Center, Box 27, University Station, Syracuse, NY, 13210.
EDRS PRICE MF-\$0.83 HC-\$1.67 Plus Postage.
DESCRIPTORS Adjustment (to Environment); *Changing Attitudes; *Individual Power; Interpersonal Relationship; *Negative Attitudes; *Nursing Homes; *Older Adults; Program Descriptions; Research Projects; *Self Concept; Staff Improvement

ABSTRACT

The purpose of the study was to increase staff awareness of negative attitudes and decrease patronizing statements emitted during a geriatric day treatment community meeting. Tape recorded pre and posttest patterns of staff and client patronizing statements were measured. The intervention consisted of staff training involving awareness of the production and impact of these statements on elderly attitudes and behavior. Results indicated that both staff and clients direct patronizing statements to elderly clients (staff markedly more than clients). The frequency of these statements by both staff and clients decreased after staff training. These results were interpreted as demonstrating the relation between elderly self-attitudes and corresponding staff attitudes and statements. (Author)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED154258

HELPLESS SELF-ATTITUDES OF THE ELDERLY:

THE EFFECT OF PATRONIZING STATEMENTS¹

by

Michael Romaniuk

Frances W. Hoyer

Jean G. Romaniuk

Hutchings Psychiatric Center

Syracuse, New York

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

M. Romaniuk

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC) AND
USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN-
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRE-
SENT OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

Paper presented at the Annual Meeting of the Gerontological Society,
San Francisco, November, 1977.

¹Requests for reprints should be directed to: Frances W. Hoyer, Ph.D.,
Department of Psychology, Hutchings Psychiatric Center, Box 27,
University Station, Syracuse, New York 13210.

CG 012402

Helpless Self-Attitudes of the Elderly:
The Effect of Patronizing Statements

by

Michael Romaniuk, Frances W. Hoyer, and Jean G. Romaniuk

A sense of helplessness, in varying degrees, is common to nearly all institutionalized aged. Nursing home residents and psychiatric clients have suffered some form of physical, social or emotional disability resulting in a decreased capacity to function independently and increased dependence upon others for physical and psychological care. Correspondingly, mental health and nursing home practitioners have been concerned with methods of dealing effectively with client helplessness and dependence.

Numerous investigators have drawn attention to the importance of maintaining a sense of competence, independence and control over one's life to an elderly person's emotional and physical well-being (Gresham, 1976; Harrison, 1968; Seligman, 1975; Townsend, 1971). In fact, Seligman (1975) has suggested that a sense of control over one's life is crucial to survival for some elderly nursing home patients. Whether an aged person is able to maintain a sense of competence and self-reliance or becomes helpless and dependent is determined by the opportunities, rewards and punishments experienced as the individual attempts to demonstrate competence in the environment as well as the attitudes, expectations or perceptions of other persons within the environment (Gresham, 1976; Harrison, 1968; Jaeger & Simmons, 1970; Kuypers & Bengtson, 1973; Posner, 1974; Reid, Haas & Hawkins, 1977; Smyer, Siegler & Gatz, 1976;

Wolf, 1970). In other words, the attitudes of others and feedback from self-actions influence self-perceptions (both positive and negative) as well as behavior.

Negative attitudes and stereotypes about the aged (e.g., dependence, helplessness, incompetence) appear to be shared by young and old alike, especially the institutionalized aged (for a review see Brubaker & Powers, 1976; McTavish, 1971). These negative attitudes are conveyed to the aged through actions and conversations and influence the elderly person's behavior and self-perceptions.

A number of geriatric practitioners have suggested that the regressive behaviors exhibited by some institutionalized clients appear to be related to negative staff expectations. For instance, "infantilization," treating the elderly as children rather than adults, has been noted as common practice in some nursing homes (Gresham, 1976; Townsend, 1971), and such childlike treatment has been linked to regressive traits, dependency and a false sense of helplessness. Harrison (1968) has suggested that treatment programs for chronic patients promote a patient role of childlike dependency and helplessness. Furthermore, Wolf (1970) cautioned caretakers not to do too much for elderly patients since it intensified an "attitude of irresponsible helplessness, apathy and undignified dependency (p. 189)." Finally, Butler has suggested that viewing the aged as infantile and helpless promotes patronizing attitudes which, when reflected in patronizing staff communications, may result in the person doing less for himself and becoming more helpless (Townsend, p. 125).

Observations of staff-client interactions at a psychiatric day treatment center suggested a relation between negative staff attitudes, in the form of "patronizing" statements, and client self-attitudes. The purpose of the study was to (1) operationalize patronizing statements, (2) increase staff's awareness of their negative expectations of clients, (3) decrease the frequency of patronizing statements and (4) assess the impact of a change in staff attitudes upon client self-attitudes. It was hypothesized that negative staff attitudes contribute to negative client self-attitudes, and that a change in staff attitudes would affect a change in client self-attitudes.

METHOD

Subjects

Staff and clients of a Geriatric Day Treatment Center (GDTC) at Hutchings Psychiatric Center participated in the study. A total of 35 elderly psychiatric clients (age 60-94; 29 female and 6 male) were involved during the course of the study. Over this three-month period, 4 clients were discharged and 4 admitted to the GDTC. Client attendance varied daily ranging from 9 to 21 (session mean=14.89). Twenty-two staff members were involved in the study: a core of 11 salaried employees (part-time psychiatrist, psychologist, psychologist intern, activity therapist, occupational therapist, social worker, 2 psychiatric nurses and 3 therapy aides) and 11 part-time field placement students (social work, nursing, nutrition, activities, aides). Staff participation varied daily and ranged from 5 to 15 (session mean=8.26).

Setting

The GDTC incorporated a number of aspects of the therapeutic community into its treatment philosophy (Jones, 1953). Briefly this treatment approach focuses upon the impact of environmental conditions on the behavior of the clients; the therapeutic community expresses an expectation of self-reliance and responsibility and provides opportunities for clients to assume roles and demonstrate competencies analogous to those outside the institution (Coons, 1971).

An integral component of the GDTC's program was a daily morning community meeting which provided a forum for both staff and clients, on equal footing, to assume and share responsibilities, make announcements and voice complaints, propose and solve problems, express concerns and make decisions of personal or group interest. The community meeting was selected as the focus of the study because its goals were indicative of the general program goals and the pattern of staff/client interaction was representative of the pattern throughout the day. And since attendance was required of all staff and clients, the meeting provided one of the few occasions to gather everyone together, thus allowing everyone the opportunity to participate in the study.

Prior to the initiation of the study, the senior investigator (E) requested permission to tape record community meetings during the subsequent weeks. The clients and staff were not told that a study of patronizing statements would be conducted, but that a program evaluation, part of which was to determine the effectiveness of the meeting, would be initiated. Furthermore, the recordings would allow a more detailed analysis of the content of the meeting and result in a more effective

evaluation. Since program evaluations and recordings have been conducted in the past, the investigators believed that these recordings minimally disrupted the typical patterns of staff/client communications. Verbal and subsequent written permission (informed consent) was solicited of staff and clients for the recording of the meeting and voluntary participation.

Measure

The dependent measure in this study was the patronizing statements emitted by staff and clients during daily community meetings. Patronizing statements were operationally defined as verbal interjections or prompts, possessing helpful intention, which usurp an individual's opportunity to make an independent assertion or to initiate an action demonstrating the capacity to deal effectively with his/her environment. These unsolicited inquiries or statements were typically made for the information and benefit of others rather than for personal consumption. Patronizing statements were categorized as: suggestions and instructions, requests for an explanation or clarification, summaries and restatements, comments and evaluations, leading questions, answering of another's question and providing explanations.

Suggestions and instructions. In this category, the patronizing individual observed two or more persons engaged in some form of interaction; one of these persons was believed to be experiencing some difficulty or not acting in a competent manner. Since the patronizing individual viewed this person as not having the capacity or motivation to take independent action, a suggestion or instruction was made for

his/her benefit. These uninvited prompts removed an opportunity for the person to demonstrate his/her capacity to satisfy personal needs or to act in a self-sufficient and responsible manner. Examples: "Why don't you speak up and tell her, J." "Tell S your name, H." "J, could you talk a little louder? G is having trouble hearing you." "Ask who's going to be timekeeper." "J, I think that V would like to look at it."

Requests for an explanation or clarification. In this category, the patronizing individual appeared to believe that someone was experiencing difficulty comprehending some information; based on this assumption, a request for an explanation was made on behalf of the individual or group. Again, these unsolicited requests deny the individual the occasion to request the information independently. Examples: "Does anybody (clients) have any questions about what J just said?" "She wants to know how to do that." "G, could you help us (clients) understand what kind of rabbits they are?" "Would you like to explain to S what the Gong Show is?"

Summaries and restatements. This category is similar to the last in that the patronizing person appeared to assume that someone was having difficulty comprehending some information. Rather than requesting an explanation from someone else as in the previous category, in this case the patronizing individual provided a summary or restated the information himself in an attempt to facilitate comprehension. This unrequested intervention did not allow the person the chance to demonstrate his/her needs and reflected a view of the individual as being helpless and requiring assistance. Examples: "I think that G was asking if she could take a bus right up to Loretto." "I thought I heard you

say you're willing for M to work on Tuesday." "Sounds like that activity has taken the place of going to the Syracuse Mall." "J was saying that it would be nice to go down and have a look at it."

Comments and evaluations. These unsolicited statements were directed toward a conversation or interaction between two or more persons. The underlying attitude suggested by these statements was that the individual was vulnerable and needed to be looked out for. If the person was experiencing difficulty, some form of aid was required on his/her behalf; if the person was interacting appropriately, a compliment or reward was to be provided. These unsolicited interjections removed the opportunity for the person to express his/her feelings or needs, or to receive feedback about behavior from those with whom he/she was interacting. Examples: "Only one person responded to A's request. I feel bad for him." "It's nice of you to offer, C (offered seat to visitor)." "Did they answer your question, J?" "I'd like to compliment you on greeting the young ladies and welcoming them."

Leading questions. These were inquiries which attempted to elicit some solution to a problem. Typically, the questioner had some solution to the problem (revealed later), but chose to propose the leading question. Leading questions suggested to the investigators an attitude that the individual had not thought about the problem completely (an obvious solution existed) and needed to be prompted into deriving a solution. (This form of questioning may be quite appropriate in another setting, as in individual psychotherapy, but was inappropriate at the GDTC since it was assumed that everyone had the capacity and should act in a competent and responsible manner.) Examples: "What would you like to do about

that?" "How are you going to get that number, J?" "Since G is not here to open the meeting, what are you going to do about it?" "What should I do, D? It's 10 o'clock."

Answering another's question and providing explanations. In this category two or more persons were engaged in conversation and the patronizing person made an unrequested statement attempting to assist one of the persons. Reflected by these statements was an underlying attitude that an individual was not capable of answering a question, making a coherent explanation or did not comprehend what was being said. Assistance in the form of an answer or explanation interfered with the person's effort to communicate independently. Examples: "He's talking about the movie theatres downtown which are closed." "She's talking about St. Patrick's Day." "She wants to know how to do that." "He's talking to everyone in the room."

In summary, it is the investigators' contention that patronizing statements were based upon and reflect an underlying negative attitude of incompetence, dependence and helplessness. Furthermore, these unrequested communications removed opportunities for a person to demonstrate the capacity to function competently and self-sufficiently in his/her environment.

Intervention

The intervention consisted of 2 1/2 hours of training over 2 regularly weekly staff training sessions involving: instruction concerning the relation between patronizing statements and unconscious negative attitudes and expectations toward the elderly; the effect of these attitudes on client self-perceptions and behavior; and

staff identification and generation of patronizing and nonpatronizing communications.

In order to sensitize staff to the kinds of attitudes and expectations which patronizing statements reflect, the first hour of training involved subjecting them to a situation where they would experience a sense of helplessness and would be the recipients of patronizing statements. A sense of helplessness was created by requiring staff to experience an unfamiliar, ambiguous problem solving exercise--a situation where E had the option to either provide or withhold patronizing assistance.

The problem solving exercise was a concept learning task (Ellis, 1972) which required the staff to identify the target (relevant) dimensions of a concept from an array of symbols varying in 4 dimensions. This exercise was prefaced by indicating that the focus of training was the style of communication between individuals attempting to solve a problem, and the task provided a format to observe such communication. Two pairs of staff were asked to solve the problem and the remainder were instructed to observe the manner in which the solution was derived. For the first pair, the E provided no assistance and the staff solved the problem independently. However, the second pair received assistance in a patronizing manner. These unsolicited statements included leading questions, requests for explanations, suggestions, summaries, evaluations and answers to questions of others. Since the task was to observe the pattern of communication during the course of the exercise, it was expected that E's patronizing communications would be noted by staff.

During the next session (1 1/2 hours) the problem solving task was reviewed and reactions solicited. Staff were aware of the assistance provided by E to one pair of staff, but did not take notice of the patronizing manner with which assistance was provided. Afterwards, staff received instruction concerning the relation between patronizing statements and unconscious negative expectations toward the elderly and the effect of these attitudes on client self-perception and behavior (Butler & Lewis, 1973). Several sample patronizing interactions were presented for definitional and illustrative purposes. Finally, in order to insure the acquisition of the concepts presented, staff were given situations and requested to identify and generate patronizing and non-patronizing communications.

Pre- and post-intervention frequencies of patronizing statements generated by staff and clients were compared to assess the effectiveness of the intervention. In addition, the recipient (staff or client) of each patronizing communication was noted. Reliability of the dependent measure was assessed by determining the percent of agreement between E and a trained scorer on the presence or absence of a patronizing statement during successive 30 second time intervals (total=60). Percent of agreement for sessions 14 and 33 was 81.6% and 85% respectively; percent of agreement for the recipient of the verbalizations was 100% for both sessions.

Results

Frequency of patronizing statements generated during the course of the study are graphically represented in Figures 1, 2, and 3.

Insert Figures 1, 2, and 3 about here.

Inspection of the data revealed that staff generated proportionally more patronizing statements than clients and that this proportion remained constant over the course of the investigation (staff pre-intervention=72.9%; post-intervention=74%; overall=73.1%). Also pre- and post-intervention comparison indicated that the frequency of staff, client and total patronizing statements were substantially reduced as a result of the intervention.

A descriptive summary of the data appears in Table 1. An average

Insert Table 1 about here.

of 10.048 patronizing statements were generated by clients and staff during the pre-intervention phase and only 2.941 during the post-intervention period. Of this total, staff averaged 7.333 statements per pre-intervention session while clients averaged 2.714 per session. Staff training reduced the staff average to 2.176 and clients' average declined to 0.765. Table 1 also indicates that for staff and clients combined (total), over 90% of the patronizing statements were directed to clients during both the pre- and post-intervention periods. Similarly, staff as well as clients singularly directed comparable high percentages of patronizing statements before and after the intervention.

Three Dunn-Bonferroni t statistics were generated to test for pre- and post-intervention mean differences in the frequency of patronizing statements. The test statistics computed for staff, clients and total

were found to be significant ($t=5.295$, $p < .01$ for staff; $t=3.310$, $p < .01$ for clients; and $t=5.345$, $p < .01$ for total); the average number of patronizing statements significantly declined after the intervention.

Discussion

The results indicate that a relatively brief training period (2 1/2 hours) can produce a sustained change in the negative attitudes of staff toward elderly psychiatric clients as evidenced by a significant reduction in the frequency of patronizing statements expressed during the course of a daily meeting. The decline in the frequency of staff patronizing communications also produced a corresponding decline in client patronizing statements.

The findings of this study lend support to the notion that elderly clients share the negative cultural attitudes toward the aged of those around them (Kuypers & Bengtson, 1973). As a group, staff directed 92.6% of their patronizing communications to clients during the course of the study, and similarly, clients directed nearly an identical percentage to other clients (92.8%). In contrast, staff as well as clients directed only about 7% of their patronizing verbalizations to staff as a group. In sum, elderly psychiatric clients' self-perceptions were consistent with the views of those around them. That is, as evidenced by their communications, both staff and clients viewed elderly clients as helpless and dependent; in contrast, staff were viewed as competent and independent.

Interestingly, the relation between the expression of negative self-attitudes and the expression of negative attitudes by those persons

in the immediate environment is consistent with Kuypers and Bengtson's (1973) psychosocial model of aging. These authors presented the "Social Breakdown Syndrome" which posited that the aged are vulnerable to and dependent upon external sources of self-labeling many of which communicate negative attitudes and expectations. In order to change the resulting self-view of incompetence and helplessness, the authors suggested that persons working with the elderly relinquish control over their lives which would allow for greater self-sufficiency and responsibility. Consistent with this model, the investigators in this study found that an alteration of staff expectations of clients and the reduction of negative expectations and unsolicited assistance by staff resulted in a decline in the expression of negative client self-attitudes.

Of surprise to the investigators was the lack of staff awareness of the patronizing statements directed by E to staff during the course of the staff training exercise. Furthermore, the staff revealed not recalling past expression of patronizing attitudes to clients. The lack of staff awareness of the negative expectations communicated to elderly clients suggest that these attitudes are essentially unconscious (Butler & Lewis, 1973):

In sum, the findings suggest that geriatric practitioners may be unconsciously expressing negative cultural expectations to their clients. Raising these attitudes to consciousness, discussing their impact upon self-perceptions and identifying communication patterns which do and do not express these expectations appears to be an effective method of training geriatric practitioners to interact in a more therapeutic manner.

The present study investigated the effect of changes in staff negative attitudes, indexed by patronizing statements, upon elderly psychiatric clients' self-attitudes. Zusman (Kuypers & Bengtson, 1973) has suggested that negative expectations are directed to individuals who are labeled as psychiatrically impaired. Staff's negative expectations may have been a function of the age or psychiatric label of the elderly clients (or their interaction); the findings of the present study should be compared with further study involving other populations (e.g., nonpsychiatrically impaired aged, young psychiatric clients). Also, the findings of the present study might be cross-validated by observing the effect of negative attitudes upon aged self-attitudes by noting change in measures other than verbal statements (such as change reflected in a self-concept scale or change in instrumental behavior).

REFERENCES

- Brubaker, J. H., & Powers, E. A. The stereotype of "old": A review and alternative approach. Journal of Gerontology, 1976, 31(4), 441-447.
- Butler, R. N., & Lewis, M. I. Aging and mental health. Mosby, St. Louis, 1973.
- Coons, D. H. Special problems of mentally ill aged and their response to a therapeutic community. Paper presented at the Annual Meeting of the American Psychological Association, Washington, D.C., September, 1971.
- Ellis, H. C. Fundamentals of human learning and cognition. Brown, Dubuque, Iowa, 1972.
- Gresham, M. L. The infantilization of the elderly: A developing concept. Nursing Forum, 1976, 15, 195-210.
- Harrison, C. The institutionally-deprived elderly. Nursing Clinics of North America, 1968, 3(4), 697-707.
- Jaeger, D., & Simmons, L. W. The aged ill. Appleton-Century-Crofts, New York, 1970.
- Jones, M. The therapeutic community. Basic, New York, 1953.
- Kuypers, J. A., & Bengtson, V. L. Social breakdown and competence. Human Development, 1973, 16, 181-201.
- McTavish, D. G. Perceptions of old people: A review of research methodologies and findings. Gerontologist, 1971, 11(4:2), 90-101.

- Posner, J. Notes on the negative implications of being competent in a home for the aged. International Journal of Aging and Human Development, 1974, 5(4), 357-364.
- Reid, D. W., Haas, G., & Hawkins, D. Locus of desired control and positive self-concept of the elderly. Journal of Gerontology, 1977, 32(4), 441-450.
- Seligman, M. E. Helplessness. Freeman, San Francisco, 1975.
- Smyer, M. A., Siegler, I. C., & Gatz, M. Learning to live in a therapeutic community: A study of elderly inpatients. International Journal of Aging and Human Development, 1976, 7(3), 231-235.
- Townsend, C. Old age--the last segregation. Grossman, New York, 1971.
- Wolff, K. The emotional rehabilitation of the geriatric patient. Thomas, Springfield, Illinois, 1970.

FIGURE 1
COMBINED STAFF AND CLIENT PATRONIZING STATEMENTS

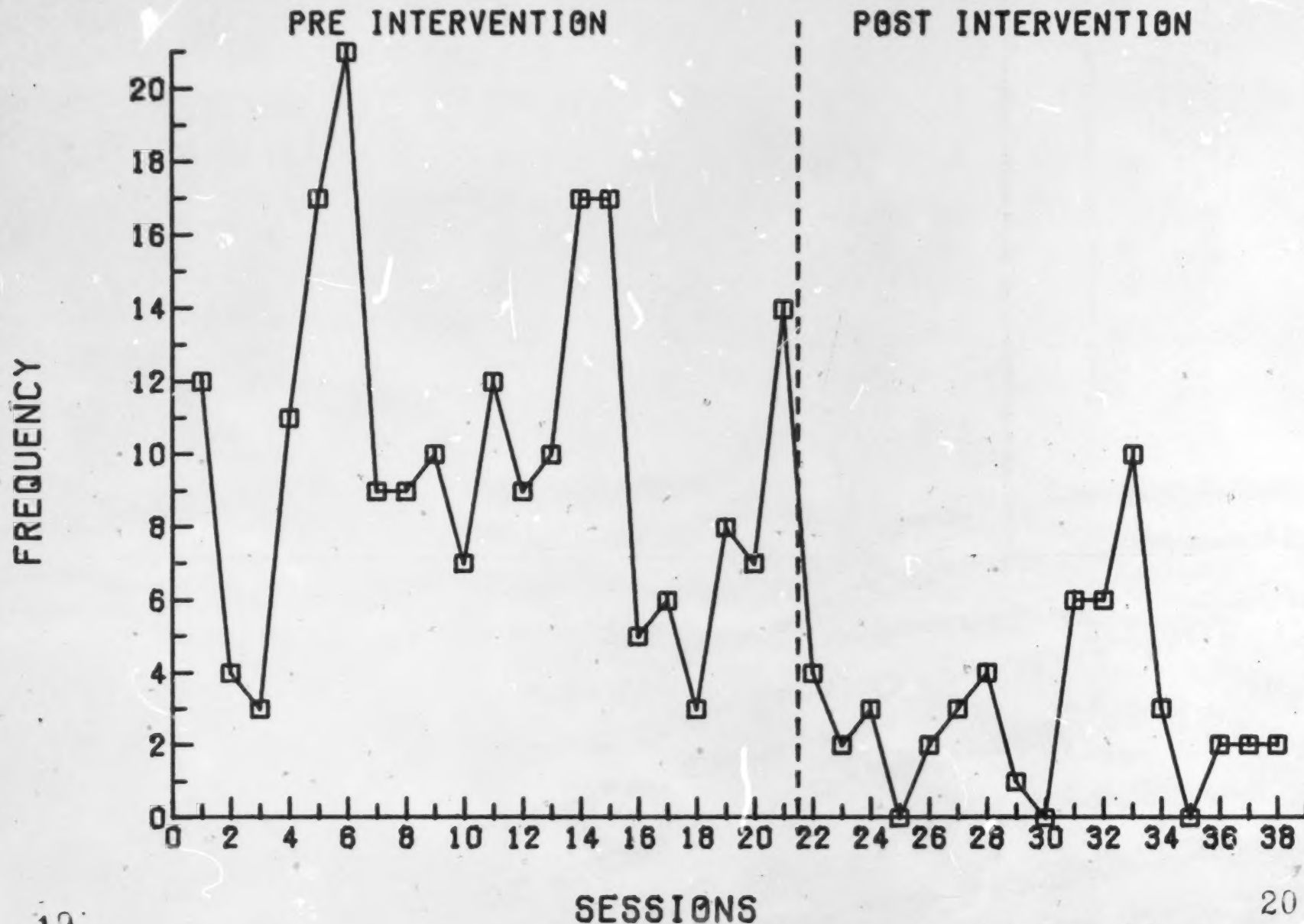


FIGURE 2
STAFF PATRONIZING STATEMENTS

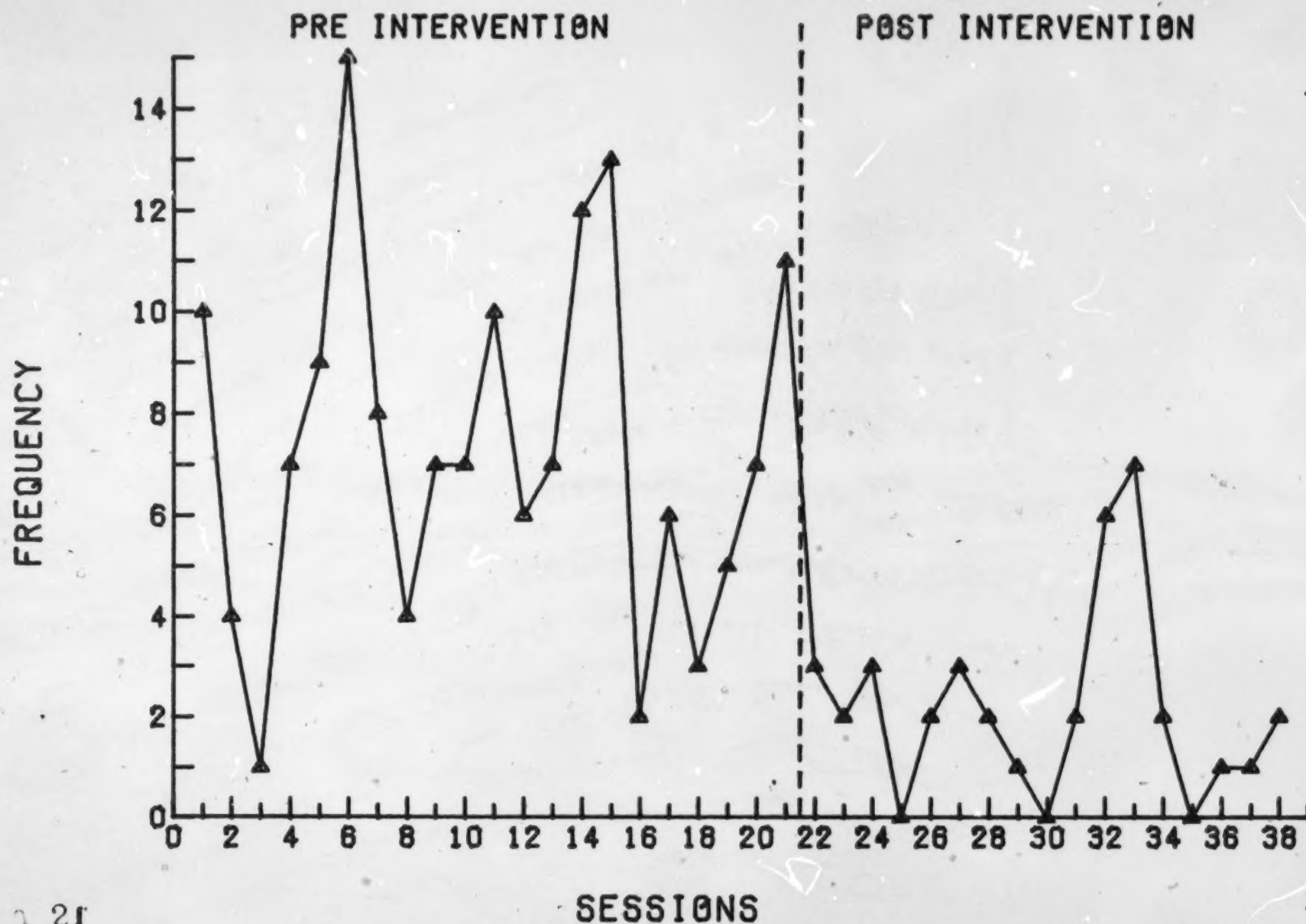


FIGURE 3
CLIENT PATRONIZING STATEMENTS

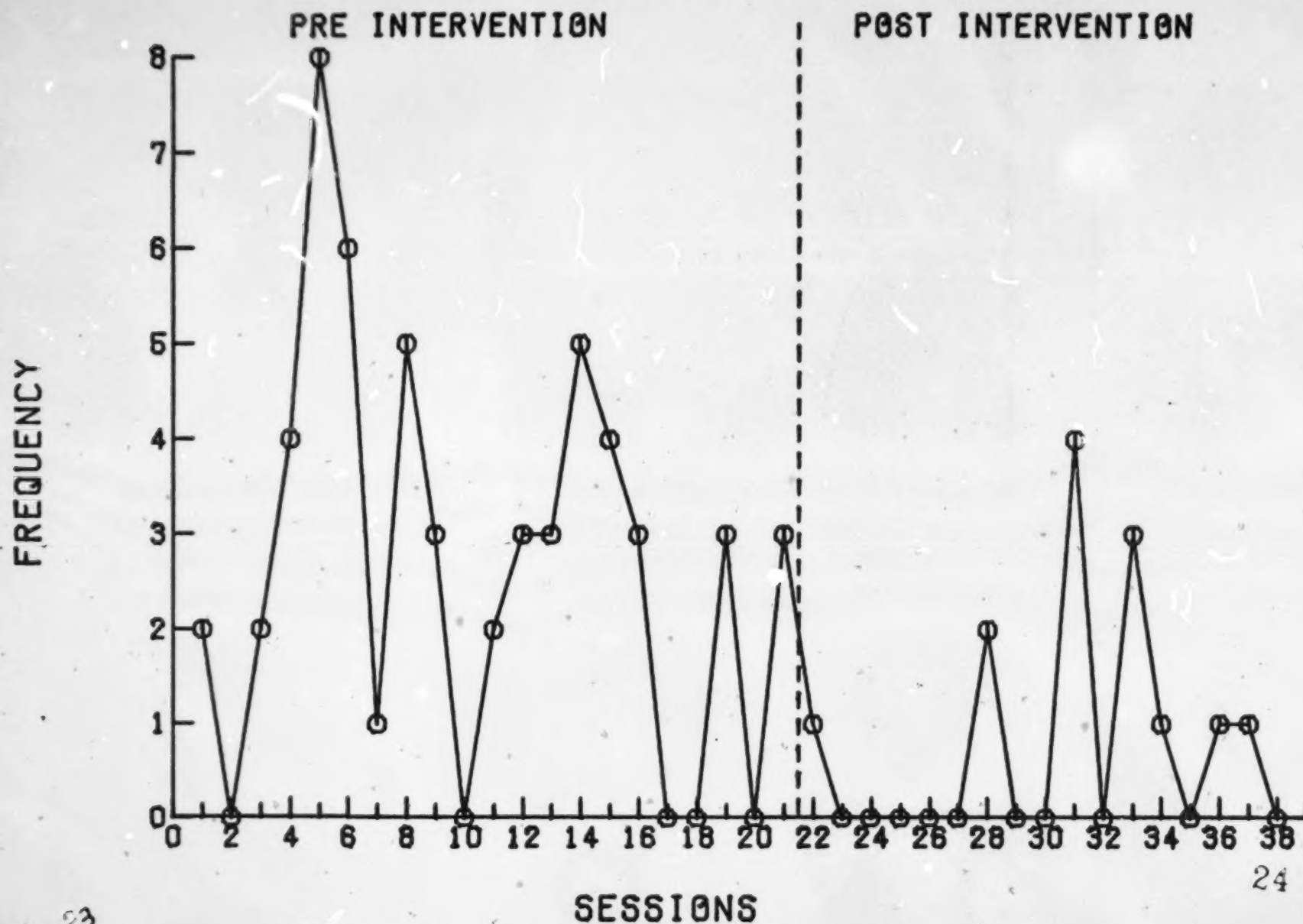


TABLE 1

Descriptive Summary of Patronizing Statements

Generated by:	Pre-Intervention			Post-Intervention		
	Mean	% Directed to Clients	% Directed to Staff	Mean	% Directed to Clients	% Directed to Staff
Staff	7.333	92.8	7.2	2.176	94.6	5.4
Clients	2.714	94.7	5.3	0.765	84.6	15.4
Total (Staff & Clients)	10.048	93.4	6.6	2.941	92.0	8.0